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CONFIRMATION NO. 5470

SERIAL NUMBER 10/823,253	FILING OR 371(c) DATE 04/12/2004 RULE	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 10271-112-999
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/477,797 06/10/2003 and claims benefit of 60/462,259 04/11/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

06/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY MD	SHEETS DRAWING 12	TOTAL CLAIMS 110	INDEPENDENT CLAIMS 7
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ADDRESS

20583

TITLE

Recombinant IL-9 antibodies and uses thereof

(Z.S.) 3-8-07

FILING FEE RECEIVED 4602	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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